

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket #: 276-9

CERTIFICATE OF EXPRESS MAILING

Express Mail mailing label number: Eo 003 433 120 US

Date of Deposit: 12/17/04

I hereby certify that this paper or fee is being deposited with the United States Postal Service Express Mail Post Office to Addressee service under 37 CFR Section 1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 by

SUE ELMENDORF

COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VIRGINIA 22313-1450

Sir or Madam:

Enclosed for filing is the Response to Office Action transmittal of:

Applicant: Wolfington,, Jeanne R. Application No.: 10/684,782 Title: Pet Step and Method

Including:

Response (16 pages)

Corrected Drawing (1 sheet)
Petition for Extension of Time

Check for Petition Fee
Fee Transmittal (+ copy)
Return Receipt Postcard

A filing date in accordance with 37 CFR 1.10 is requested. Express mail certificate is part of this transmittal letter.

Respectfully Submitted,

Polly L. Oliver

Law Office of Polly L. Oliver

Registration No. 42,050

P.O. Box 4625

Federal Way, WA 98063

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE under the Panerwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

- ./	
, pP	Effective on 12/08/2004.
န်မီနီ pursuant	Effective on 12/08/2004. to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60

Complete if Known						
Application Number	10/684,782					
Filing Date	10/14/2003					
First Named Inventor	WOLFINGTON, JEANNE					
Examiner Name	SMITH KIMBERLY					
Art Unit	3644					
Attorney Docket No.	276-9					

	<u></u> _			Citorney Docke	3t No.	616-7	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Number: Deposit Account Name:							
For the above-ident	tified deposit	account, the Dire	ector is hereb	y authorized to	o: (check all the	at apply)	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION						<u> </u>	
1. BASIC FILING, SEA	FILING		SEARCH	I FEES		TION FEES	·
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 25 100 100 180							
Total Claims	Extra Clair	ms Fee (\$)	Fee Pa	aid (\$)			ependent Claims
- 20 or HP =		x	_=			Fee (\$)	Fee Paid (\$)
HP = highest number of tota Indep. Claims - 3 or HP =	Extra Clair	<u>ns Fee (\$)</u> x	<u>Fee Pa</u>	<u>id (\$)</u>			
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x							
4. OTHER FEE(S) Non-English Specific	cation, \$1	30 fee (no sma	all entity dis-	count)			Fees Paid (\$)
Other (e.g., late filing		•	•	,	ME	***************************************	60

SUBMITTED BY							
Signature	Poll	LOI	uir	Registration No. (Attorney/Agent) 42,050	Telephone 253 -929-1534		
Name (Print/Type)	/	POLLY	L OLIV	ER	Date 12/16/2004		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.